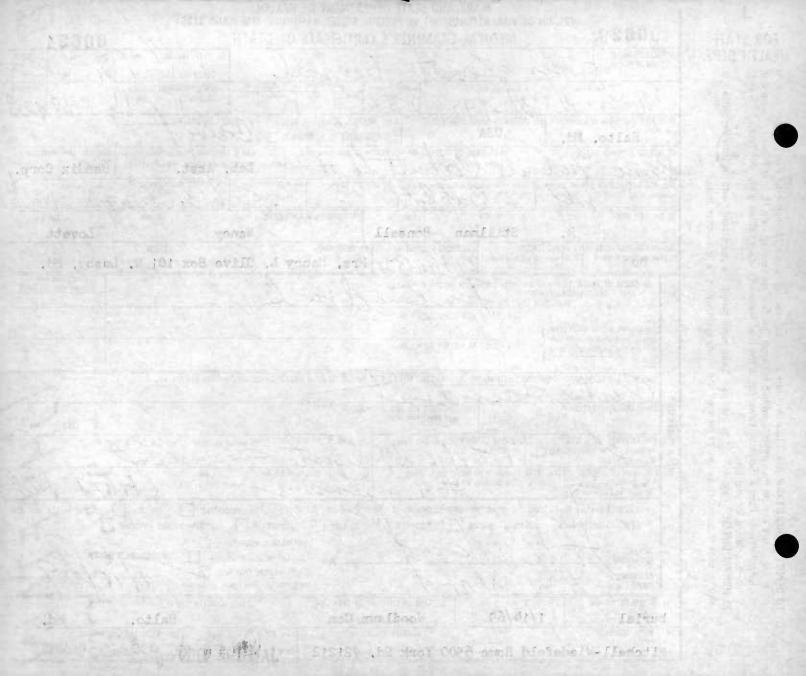
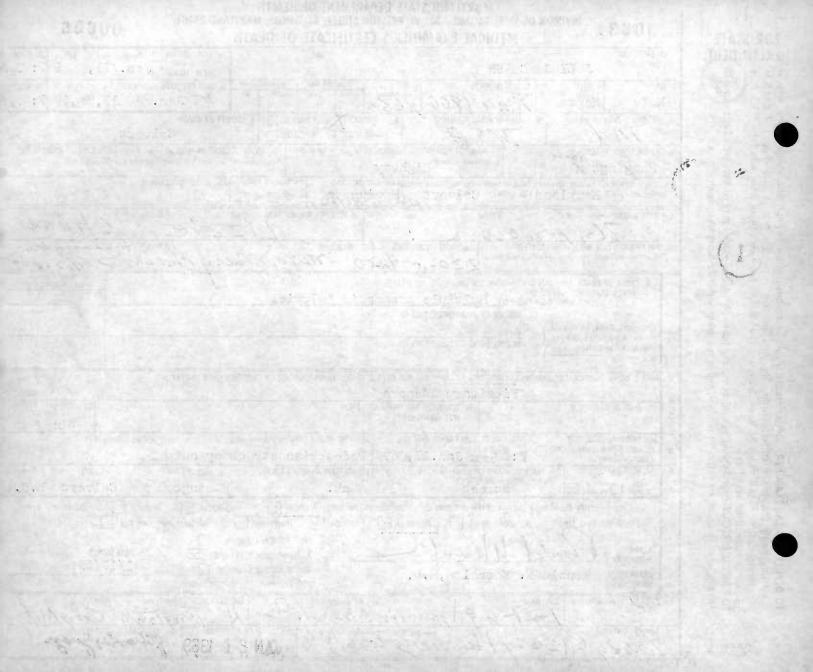
// 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	00627 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10624
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost OO 20. DATE KNOWN Month Do	y Year 2b. HOUR
Poge Poge	3. SEX 1 4. RACE. S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRODOUNCED DEAD	1 8964 M
de la	W 3/2/45 2 AND MONTHS DAYS HOURS MIN. Manth 1 Day 11	Year 1969 8360
1, 2, d	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY? Balto. Md. USA WIDOWED DIVORCED	
Give Pages 1, and with farm with farm	10 ATY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION A not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b	b. KIND OF BUSINESS OR
		endix Corpy
4 0 = 0	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN odmission) STATE 13b. COUNTY 3 15 15 15 15 15 15 15 15 15 15 15 15 15	Dwa pix
I hours Item 18 Office I and 2 ofter d	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Vost
hin 24 nucil in 1 niner's (niner's (poges 1 hours of thours of thousand t	R. Stillman Bonsall Nancy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Lovett
	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 90.8 runknown) (If yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mrs. Nancy L. Olive Box 101 N. Lu	sby, Md.
ecuted wil ing" in pe edical Exor ermit. File within 72	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), on (c)) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in itel Medical E ansit permit. F event within	8/99 DUE TO OR AS A CONSEQUENCE OF	
be ex "pend "pend nief Me	Conditions, if only which gave	
should be e ne ward "per to the Chief I buriol-transit i in ony ever	rise to immediate cause (a), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
e should the ward to the C buriol-tr	last.	
is certificate should te, writing the ward forworded to the Cl is used as buriol-tre removal, and in any	PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEADY BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate, writing to orworded os a used os a movol, an	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CARDSE WAS 21b. TIME OF INJURY Month, Day, Year , 21c. HOW INJURY OCCURRED (Enter nature of injury in Part Par Part 2 Items	20. AUTOPSY?
This of itote, be for or rem	WAS PERFORMED?	YES NO
177 77		1B.)
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street of F.D. No. City or Town	County 1 State
Xecute the read of	AT WORK AT WORK AT WORK AT WORK	as med
ICAL I e exected for ed for CTOR: buriol	220. I certify that I taak charge of the remains described above, held an Autops (, Inspection , Inquiry ,	ond in my opinion
bicase explease explease explease explication. DIRECTO OF TO BUT OF TO BUT DIRECTO OF TO BUT DIRECTO OF TO BUT DIRECTO OF TO BUT DIRECTO	death resulted fragn: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
JTY DICA	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226-DATE SIG	NED //
o DEPUTY DICAL EXAM necessary, please execute the funerol director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to buriol, crem	EXAMINERS NAME (Type) ADDRESS(Street, city, town, or county)	109
TO The the S THE HE HE HE	23g. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (State)
N	burial 1/14/69 Woodlawn Cem Balto.	Md.
VR A15ME	24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN ANDRESS ADDRESS ADDRES	
10M REV. 1200	Mitchell-Wiedefeld Home 6500 York Rd. #21212 DATE AN 16 1969 Flower	My Marie The

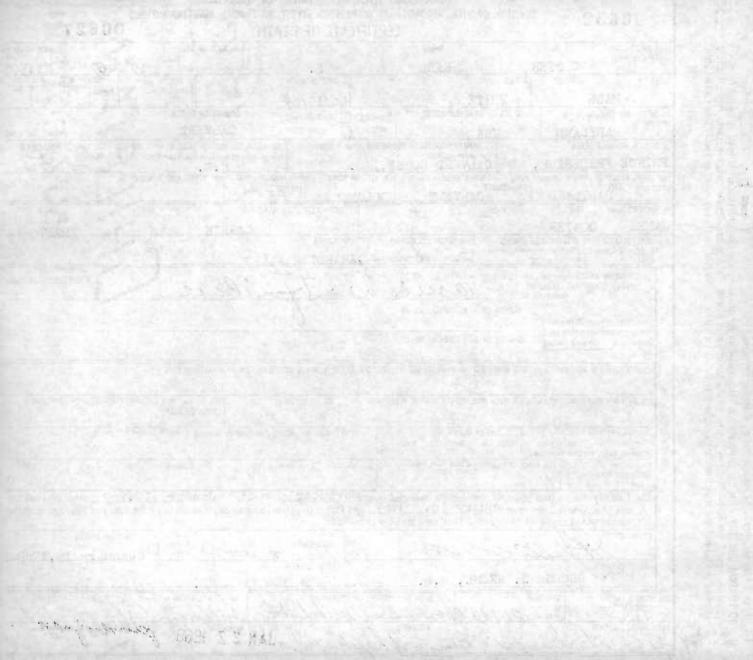


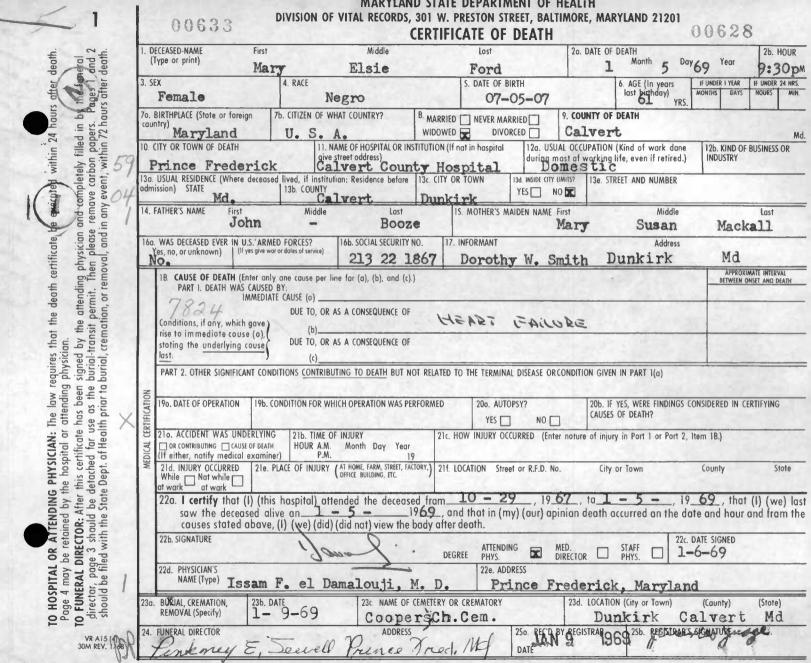
WI	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0625
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20. DATE KNOWN CO Month D	Day Year 2b. HOUR
is ta af	(Type or Print) Mae Alice Celia OF ESTI- DEATH MATED Jan.	29 169 8:36
ny delay is 2, and 3 ta PM3. Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month Day	2d. HOUR
D W3	female white 7-27-10 58 YRS.	Year 19 M
(1)	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED 19. COUNTY OF DEATH	
Give Pages 1, and form the State De	76. CHIZEN OF WHAT COUNTRY? 18. MARRIED DENEVER MARRIED 9. COUNTY OF DEATH COUNTY OF DEATH U.S.A. WIDOWED DIVORCED Calvert 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in basisted 12a, USUAL OCCUPATION (Kind of work done 12a)	Mo
ve Pages y with for the State		2b. KIND OF BUSINESS OR NDUSTRY
frer d Give ang w ith the		
0 8 6 8 8///	odmission) STATE 13b. COUNTY North Beaches DO NO	
	Mary and Calvert 14. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Last
	William Hafner Mae 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Davis
hauld be executed within Sward "pending" in pendil i the Chief Medical Examiner ririal-transit permit. File page n any event within 72 haur	(Yes, no, or unknown) (If yes give wor or dotes of service) Mrs Natala Lubbes North B	Beach. Md.
d w in F Exc File		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in nief Medical E nnsit permit. F event within	18. CAUSE OF DEATH (Enter only one cause per Kin) for (a), (b), and (c); PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARCHITECTURE IMMEDIATE CAUSE (a)	BETWEEN ONSET AND GEATH
Me me me mt v	2509 DUE TO, OR AS A CONSEQUENCE BY	
be "pe "pe hief ansil	Canditians, if any, which gave rise to immediate cause (a), (b)	340
shauld be executed wir ne ward "pending" in pe ra the Chief Medical Exan burial-transit permit. File I in any event within 72	stating the underlying cause DUE TO, TOR AS A CONSEQUENCE OF	
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no dit	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OF COMPITION GIVEN IN PART I(a)	
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his certificate, writing the farwar be used remayal	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This licate be f	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
# _ 2 0	PRIMARY OR CONTRIBUTING HOUR A.M. PAN 19 PAN 19	1 10.)
INER: e certif shauld files. 3 shauld atian,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
	WHILE NOT WHILE AT WORK AT WORK	
3 5 6 C	22o. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	ond in my opinion
ICAL exector. Peed for ed for CTOR: burial	deoth resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined monner	
please e director retained DIRECTOR	CHIEF MEDICAL EXAMINER	1,
TY, ple eral di se reti AL D priar	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DAYE SH	GNED // Q
Ssary, I fruneral ay be r INERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER	9/07
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	NAME (Type) Hugh W. Ward, M.D. Owings, Md. ADDRESS (Street, city, town, or county)	'/ /
07 = 2 O H	REMOVAL (Specify)	Caunty) (State)
0	Buria 2/1/69 Ft Lincoln Bladensburg	Md.
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REC'D BY REGISTRAR 5 SIGN HUTCHINS Fin eral Home Owings. Md. DATEFEB 5 1969	
10M REV 1/68	Hutchins Fun eral Home Owings, Md. DATEFEB 5 1969 Killson	- June

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00626 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERY. 1. DECEASED-NAME First Middle 2g. DATE KNOWN Manth Day Year 2b. HOUR (Type or Print) ESTI-MATED JULIUS CHASE 17, 1969 7:45 A Page Jan. DEATH and 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR Jan. Day 17, Year 1969 Ma le Negro 7:45 A 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Calvert WIDOWED DIVORCED [Item 18. Give Pages 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Office along with give street oddress) Highway during most of working life, even if retired.) INDUSTRY Hungington 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Calvert YES NO 5. MOTHER'S MAIDEN NAME 14. FATHER'S NAME . = 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS be executed within (Yes, na, ar unknown) (If yes give war or dates of service) 20-16-4620 within .⊆ 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) e certificate, writing the word "pending" is shauld be farwarded to the Chief Medical permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple traumatic injuries event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate cause (a). certificate shauld writing the word any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) GS Pituitary Adenoma remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO M YES X pe 5 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) :00xxx Jan. 17 19 69 PRIMARY OR CONTRIBUTING crematian, Pedestrian struck by auto CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
Street 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK M.D. Unk. Hunington Calvert burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy le Inspection Inquiry , and in my apinian Natural causes . Accident Suicide [death resulted from: Hamicide Undetermined manner To FUNERAL DIRECT Health prior ta 1 CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1/17/69 DEPUTY MEDICAL EXAMINER Ronald N. Kornblum, M.D. **EXAMINER'S** ADDRESS(Street, city, tawn, ar county) NAME (Type) 23a BURIAN CREMATION, (County) REMOVAL (Specify) VR A15ME (5)







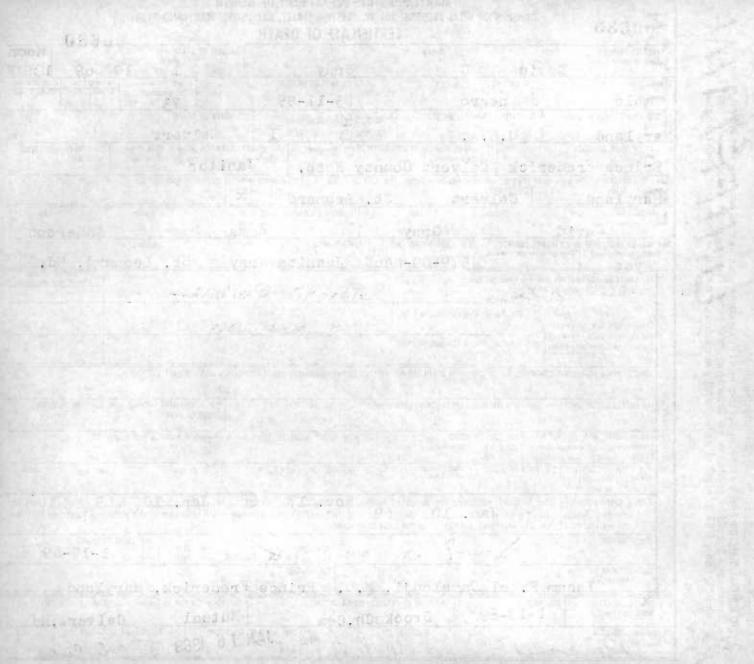
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00634 00629 CERTIFICATE OF DEATH 1. DECEASED-NAME 2g. DATE OF DEATH 2b. HOUR First death. requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral remove carban papers. Pages 1 and any event, within 72 hours after death (Type or print) hours after 6. AGE (In years 3. SEX S. DATE OF BIRTH last birthday) MONTHS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in Jospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH a any event, within give street address during masy of warking life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO K 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost Last 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, og ynknown) (If yes give war or dates of service) burial, crematian, or remava 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY signed by the attendir burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trar shauld be filed with the State Dept. af Health prior ta burial, crea stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased framsaw the deceased alive an______19__ ____, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Issam 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL CREMATION. 23b. DATE REMOYAL (Specify) 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR

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	Carrie A	Will betreen	Visit No	
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					DEPARIMENT OF I				
		00635	DIVISION OF VITAL F			IMORE, MARY	LAND 21201		
					ATE OF DEATH			10630	
		CEASED-NAME First ype or print)		Middle	Lost	2a. DATE OF DI	EATH Do	y Year	371 00 00 TI
ı		Dav		(ray		1 10	5 69	1200
ı	3. SE		4. RACE		S. DATE OF BIRTH	6	. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS OAYS	IF UNOER 24 HRS. HOURS MIN.
ı		male	negro		3-11-95		73 YRS.	MORTHS GATS	HOURS AMIL
ı	70. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNT	TRY? 8. MARRIED	NEVER MARRIED	9. COUNTY OF D	EATH		
i	Ms	rvland	U.S.A.	WIDOWED [Cal	vert		Md.
	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL OR INSTITUTION (If no	ot in hospitol 120. USU/	AL OCCUPATION (K	and of work done	12b. KIND OF E	BUSINESS OR
1	F	rince Freder	ick give street oddre	rt County			e, even if retired.)	INDUSTRY	
,	130.	USUAL RESIDENCE (Where deceose	ed lived, if institution: Reside	ence befare 13c. CITY OR	TOWN 13d. INSIDE CITY LI		ET AND NUMBER		
F	V	ssion) SIATE laryland	Calvert	St. I	eonard N	D 250			
	14. F	ATHER'S NAME First	Middle	Last IS	MOTHER'S MAIDEN NAME F	irst	Middle		Last
		David		Gray	En	ıma		Ander	rson
		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCI	AL SECURITY NO. 17. II	FORMANT		Address		
	_ '	es, na, or unknawn) (If yes give w	579	-09-8468	Juanita Gr	av	St. Leo	nard. M	1d.
		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED						APPROXIM	MATE INTERVAL
		PART I. DEATH WAS CAUSED	BY: TE CAUSE (o)	(I shock	Dulio	•		
	- 3	7 6 4 . /	DUE TO, OR AS A CONSI						
		Conditions, if any, which gove	(b)		6.00 ×	. 220			
		rise to immediate cause (o), stating the underlying cause	DUE TO, OR AS A CONSI	EQUENCE OF		3			
		last.	(c)						
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE ORG	ONDITION GIVEN I	N PART 1(a)		
	z								
	CERTIFICATION	190. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20a. AUTOPSY?		ES, WERE FINDINGS (CONSIDERED IN CE	RTIFYING
	TIFIC				YES NO	CAUSES O	F DEATH?		
	L CER	210. ACCIDENT WAS UNDERLYIN			W INJURY OCCURRED (Enter	r nature of injury	in Part 1 ar Part 2,	Item 18.)	
	MEDICAL	or CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Manth	Doy Yeor					
	ME	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, F.		CATION Street or R.F.D. No.	. City or	Tawn	County	State
		at work at work							
		22a. I certify that (I) (thi saw the deceased al	s haspital) attended th	ne deceased fram_1	Nov. 17, 19 E	8_, to_Ja	n. 10,19	69 , that	(I) (we) last
		saw the deceased al	ive on Jan 1	01969, and	that in (my) (aur) api	nian death occ	curred an the de	ate and hour o	ind fram the
		22b. SIGNATURE	, (I) (we) (did) (did nat)) view the bady after o		/	I on-	DATE SIGNED	
		ZZD. SIGNATUKE	Jours (1)	DEGR	EE PHYS.	AED.	STAFF D	1-10-	69
		22d. PHYSICIAN'S	3 000 (DEGK	22e. ADDRESS	IKECIOK L.J	PHYS. L.	1 10-	
		NAME (Type)	F. el Dama	louis M I	Prince	Fnodos	ick. Ma	ביים ביים	
	220	DADIAL CDEMATION 1936 F	ATE 22	c. NAME OF CEMETERY OR	CDEMATORY	23d. LOCATION		(Caunty)	(Stote)
	23 0 .	REMOVAL (Specify)	13-69	Brooksch.				, ,,	, ,
)	24.	FUNERAL DIRECTOR		ADDRESS O	2So. RECO B	Y REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	بالام
		-D: 6.	212	1.000 fr	F Md. DATE	N REGISTRAR 19	89 PCL	sile o	



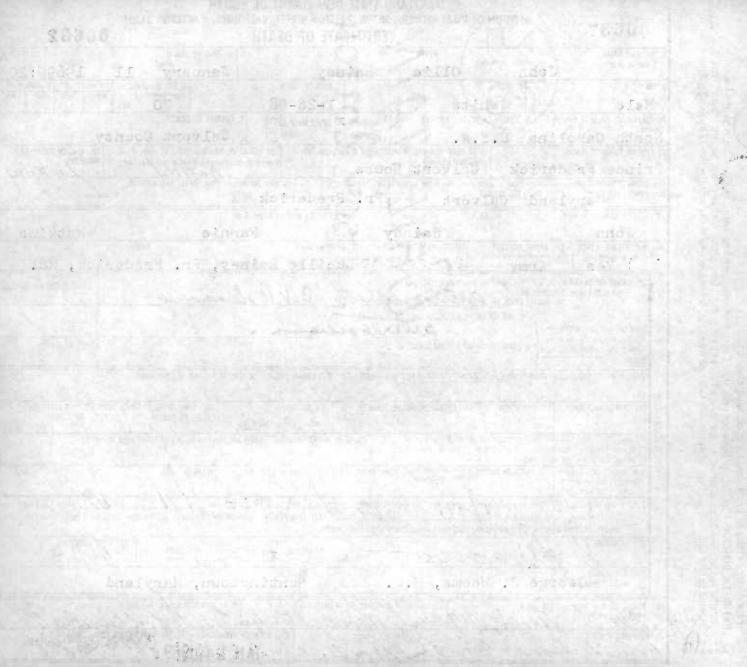
18	006	36	DIVISION O		CERTIFICATE OF D		E, MARYLAND 21		631	
eoth. eoth. eath.	DECEASED-NAM (Type or print)		NT A	Middle	Last		DATE OF DEATH Manth	Doy TO	Year	2b. HOUR F
after d he fune ges 1 c	3. SEX	LE MALE	4. RACE	ESTELLE Pe	S. DATE OF BIRT	тн 9. I896	6. AGE (In ye			16 30 M IF UNDER 24 HRS. HOURS MIN.
executed within 24 hours after deoth. d completely filled in by the funeral smove carbon papers. Pages I and 2 ony event, within 72 hoers after death.	7o. BIRTHPLACE (country)		7b. CITIZEN OF V		8. MARRIED NEVER MARRI WIDOWEDXIX DIVORC	IED 9. CO	UNTY OF DEATH CATAVERT	183.		Md.
completely filled in nove carbon paper y event, within 72	10. CITY OR TOWN	OF DEATH FREDERIC	K MD	NAME OF HOSPITAL OR IN e street oddress) CAT.VE.F	STITUTION (If not in hospital RT COUNTY		UPATION (Kind of work working life, even if re		12b. KIND OF B INDUSTRY	USINESS OR
complete ove carry y event,	odmission) STAT	E MARYLAN	D 13k. COUNTY	ution: Residence before NE ARUNDEL	GALESVILLE	YES NOTE OF THE NEW TO SERVICE OF THE NEW TO	13e. STREET AND NUM			
1 0 0 E	LOUT		Middle	PHTPPS 16b. SOCIAL SECURITY	15. MOTHER'S MAII NO. 17. INFORMANT	DEN NAME First EMMA		iddle	PHIPP	Lost S
ertificot physici hen plea	Yes, no or unk	nown) (If yes give w	var or dates of service)	218- 36-3	3969 Derothy.	Smith	Liesco	ldress	APPROXIMA	ATE INTERVAL
death c Itending ermit. TI n, or rem	PART I	. DEATH WAS CAUSE	D BY: ATE CAUSE (a) —	line for (a), (b), and (c)	helmorace	y Ede	new (45 h	SET AND DEATH
equires that the death certificate be executed within 2 physicion. signed by the attending physician and completely filler burial-transit permit. Then please remove carbon pagburial, cremation, or removal, and in any event, within	rise ta imn	if any, which gave) nediate cause (o), underlying cause	(b)	AS A CONSEQUENCE OF	Ever M	CeV.	deseas		440	ers
equires physicio signed burial-ti burial, c	last.		(c)_ IDITIONS CONTRIB	BUTING TO DEATH BUT N	CREWS M	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		6 yes	ero
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and	190. DATE OF	OPERATION 19b.	CONDITION FOR W	CHICH OPERATION WAS PI	ERFORMED 200. AUTOP	NO 🗀	20b. IF YES, WERE FIN CAUSES OF DEATH?	IDINGS CO	NSIDERED IN CER	TIFYING
CIAN: The sital or a tificote has for use of Health	₹ □ OR CONTRI	NT WAS UNDERLYIN SUTING CAUSE OF DEAT arify medical examin	H HOUR A.M	. Manth Day Year	21c. HOW INJURY OCCU		re of injury in Port 1 or	Part 2, It	em 18.)	
s PHYSI the hosp this cer detached e Dept. (While at wark	OCCURRED 21e. Not while and ot wark	PLACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(CTORY,) 21f. LOCATION Street	or R.F.D. No.	City or Town		County	Stote
TENDING ined by the OR: After to ould be do the Stote	sow	the deceased of	live on.	tended the deceosed) (did not) yiew the	19 and that in (my	, 19 ,) (our) opinion	deoth occurred on	, 19 the dot	e ond hour o	(I) (we) lost nd from the
OR ATI	22b. SIGNAT	to f	C/k	W	DEGREE PHYS.	U DIRECTO	OR STAFF PHYS.	22c. D.	ATE SIGNED	
TO HOSPITAL Poge 4 moy TO FUNERAL I director, pog	22d. PHYSIC NAME	(Type) PA		JETT M. I	22e. ADDRI	PRINCE	FREDERICK			
TO HO Poge To Ful direct Should be s	23g. BURIAL, CRE REMOVAL (S 24. FUNERAL DIR	pecify) Id	^	9 DUJK	CEMETERY OR CREMATORY	23d 2Sa. REC'D BY REG	LOCATION (City or Toy	OISTPAR'S	(County)	(State)
VR A13 M	Berne	usa/Ha	rden	ty Lake		DATE IAN 1		Clian		ist.

MAKILAND STATE DEPARTMENT OF HEALTH

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		00637	DIVISIO	ON OF VITAL RECORDS	301 W. PRESTON	STREET, BALTIN	MORE, MARYLAND	21201		
		00003			CERTIFICATE	OF DEATH		(00632	2
±2−	1. DE	CEASED-NAME ype or print)	First	Middle	Last		2a. DATE OF DEATH	1 1 1 1 1 1 1 1 1		2b. HOUR A
prystrain. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death	(1	ype or print)	John	Ollie	Rainey		January	11	1960	9:20
草に	3. SE	X	4. RACE			OF BIRTH	6. AGE (last birt	years	IF UNDER 1 YEAR	IF UNCER 24 HRS.
s age the	1	Male		White	1-2	26-98	last birt	hday) M	IONTHS DAYS	HOURS MIN.
2d 20		IRTHPLACE (State ar fareig		N OF WHAT COUNTRY?	8. MARRIED NEVE		COUNTY OF DEATH			
72 h	No	orth Carol	ina U	S.A.	WIDOWED	DIVORCED 🗌	Calvert	Count	v	Md
E O		ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN	STITUTION (If not in hasp	oitol 120. USUAL	OCCUPATION (Kind of v	vark dane	12b. KIND OF B	
\$70		rince Fred			louse	during mas	it of working life, even	fetired.)	INDUSTRY.	bering
= 4	13a.	USUAL RESIDENCE (Where	deceased lived, if	institution: Residence before		13d. INSIDE CITY LIMI		NUMBER	7.40	J
207	udilli	ssion) STATMaryl	and C	alvert	Pr. Free	derick No	X			
	14. F	ATHER'S NAME First	N	Niddle Last	IS. MOTHE	R'S MAIDEN NAME Fire	st	Middle		Last
0		John		Raine	У	Fa	nnie		Watl	rins
B,	16a.	WAS DECEASED EVER IN U	.S. ARMED FORCES res give war or dates of se					Address		
lova		Yes	Army	228-28-X	232 Luci.	lle Rain	ey, Pr. F	reder	ick. I	Id.
		18. CAUSE OF DEATH (En	nter anly one caus	e per line far (a), (b), and (c)	.)					ATE INTERVAL SET AND GEATH
5		PAKI I. DEAIN WAS	MMEDIATE CAUSE (o) arterioso	leroles.	C.V.Rd	eserce			
ian,		4/00	DUE 1	O, OR AS A CONSEQUENCE OF						
mat		Canditians, if any, which rise to immediate cause	e (a).	(5)	rosche	our -				
cre		stating the underlying of	ause DUE 1	O, OR AS A CONSEQUENCE OF						
		last.)	(c)						
X		PART 2. OTHER SIGNIFICAL	NI CONDITIONS CO	NTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TER	MINAL DISEASE OR COL	NDITION GIVEN IN PART	(0)		
-	NOIL	19a. DATE OF OPERATION	TIPS CONDITION	FOR WHICH OPERATION WAS PI	DEODMED 20a	AUTOPSY?	20b. IF YES, WERE	EINDINGS CON	CIDEDED IN CED	TIEVING
X	CERTIFICATION	THE OF OTERATION	Tro. condition	TOK TITLET OF EXAMON THAT I		S NO	CAUSES OF DEATH		ISIDERED IN CER	HETING
		21a. ACCIDENT WAS UND	ERLYING 21b.	TIME OF INJURY			nature of injury in Part 1	or Port 2 Ite	m 181	
	A	OR CONTRIBUTING CAUSE	OF DEATH HOU	R A.M. Manth Day Year		. secoured frings (and a many as rull t	G. 1017 £, 118	10.)	
	MED	21d INILIRY OCCURRED	21e. PLACE OF I	P.M. 1 NJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		Street or R.F.D. No.	City ar Town		Caunty	State
		While Nat while at wark		OFFICE BUILDING, ETC.	/	/			-	31010
		220. I certify that (I) (this hospite	ol) ot ended the deceas	ed from 4/	10 .196	6, to ////	19 /	22, that (I) (we) Inc
		sow the deceos	ed olive on_	ol) of ended the deceos	19 10 , and that in	n (my) (our) opini	ion deoth occurred	on the dote	ond hour o	nd from the
		couses stored o	bove, (I) (we	(dld) (did not) view the	body atter deoth.					
		22b. SIGNATURE	4/10	1110	DEGREE PH)	ENDING MED	D. STAFF PHYS.	22c. DA	TY SIGNED	
,		22d. PHYSICIAN'S	Mee		DEGREE PHY	ADDRESS DIR	ECTOR PHYS.	7	11/69	
		NAME (Type)G	rge J.	Weems, M.D	•	Hunting	town, Mar	yland		
	23a.	BURIAL, CREMATION	23b. DATE	23c_NAME OF	EMETERY OR CREMATO		23d. LQCATION (Cjty ar		(County)	(State)
	7	REMOVAL (Specify)	Jan, 14	1969 Minit	Memoria	I Harden	- Theodoso	chas	On las	md.
20	24.	FUNERAL DIRECTOR	1	ADDRESS	nutual	2Sa. REC'D BY	REGISTRAR 25b.	REGISTRAR'S SI	GNATURE	100
Sept 1	4	, 4. Hark	eled &	Jon, Tout	As my Klin	DATE IN N	1 4 1969	Jelia	ween you	

MAKYLAND STATE DEPARTMENT OF HEALTH

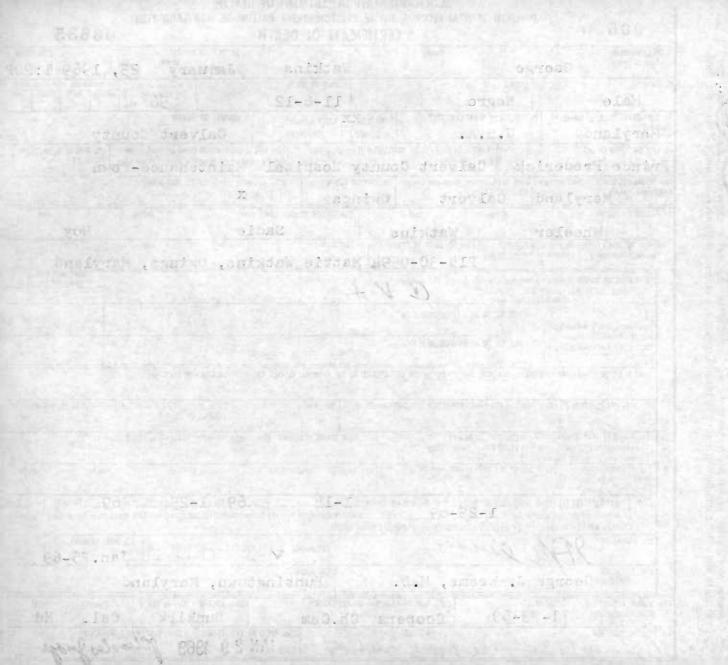


3-1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	1	0 0 6 3 8 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	633
HEALTH DEPT.	1. D	DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Day	
		Type or Print) Charles Weens Jongne OF ESTI- DEATH MATED 3	49 420
iny delay is 1, 2, and 3 to m PM3. Page Department of	3. Si	4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Idast birthday) Months Days Hours Min. Month Day 3	Year 19 630 M
- E 0	7o.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. OUNTY OF STATE	Md
ofter death 8. Give Poges 1, rong with form with the state De	10_0		KIND OF BUSINESS OR JSTRY
		USUAL RESIDENCE Undere deceased lived, if institution: Residence before 13c. CITY ON TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER INSIDE CITY LIMITS? 13e. STREET AND NUMBER INSIDE CITY LIMITS?	
Item 18. Office office offer de	14. F	FATHER'S MAME First Middle Lost IS. MOTHES MAINEN NAME FOR A Middle Los	Lost
within 24 pencil in cominer's le pages 72 hours	16a. (Y	(MAS DECLASED EVER IN U.S. ARMED FORCES? O 16b. SOCIAL SECURITY NO. 17 17. INFORMANT RADIO PROPERTY OF THE PRO	ud
should be executed within word "pending" in pencil to the Chief Medical Exomine uriol-transit permit. File pagin only event within 72 hou		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED 8Y:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e execute pending" ef Medical sit permit.		HAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
should be e ne word "per to the Chief I buriol-transit		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
certificate should writing the word orworded to the Ch used os o buriol-tra novol, and in ony		PART P OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
INER: This certificate should be executed within 24 haurs e certificate, writing the word "pending" in pencil in Item I should be forworded to the Chief Medical Exominer's Office files. 3 should be used as a burial-transit permit. File pages I and 2 nation, ar removal, and in any event within 72 hours ofter a special or the statement of the contraction.	CERTIFICATION	196 FONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO P
INER: This he certificate, should be for files. 3 should be u as a should be u	MEDICAL CERT	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH PRIMARY 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1)	
	MED		ounty State
L EXA cecute Poge for you OR: Pog ial, cre		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my opinion
blca blease ex director. etained f DIRECTO or to bur		deoth resulted from: Natural lauses , Accident , Suicide , Homicide , Undetermined monner	
		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER (1) 22b. DATE SIGN	ED /19
necessary, the funeral 5 may be in Fourth Health print		EXAMINER'S NAME (Type) H. Word M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	20
TO I the the S r I Hee	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Country of Country of Countr	(State) (State)
VR A15ME (5)	24.	FUNERAL DIRECTOR La Harbres & San Part Brulle Ma Date FEB 4 1969 from	ATURE .

believer of English

THE REAL PROPERTY. The STORY of Tempa to the vertice share to the second and PAR December 1 in the control of the dendered to be broken and the control of the control A LYLAVES . Hopen Dunatery . BT . Faloura Prop. S. Section 1 1 AL CAMPAGE COMMISSE TRY AND ADMINISTRATION OF THE PARTY OF T

		KILAND STATE DEPARTMENT OF		
	00640 DIVISION OF VITAL R	CORDS, 301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH		635
1.6	ECEASED-NAME First Mi	ddle Lost	2g. DATE OF DEATH	
	Type or print) George	Watkins		2b. HOUR 1:20F
3. 5		S. DATE OF BIRTH		.969 1:20 M
J. J	Male Negro	11-6-12	6. AGE (In years IF UND) last bitthday) MONTHS O YRS.	
70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTR		9. COUNTY OF DEATH	
COU	Maryland U.S.A.	WIDOWED DIVORCED	Calvert County	Md
	CITY OR TOWN OF DEATH 11. NAME OF HOS	ITAL OR INSTITUTION (If not in haspital 12a. USI	JAL OCCUPATION (Kind of work dane 12b.	KIND OF BUSINESS OR
	rince Frederick give tree oddre		Maintenance-Town	USTRY 1
13o	USUAL RESIDENCE (Where deceosed lived, if institution: Residentission) STATE		The state of the s	
	ission) STATE Maryland 13b. COUNTY Calvert	OWILLES	10 🔣	
14.	FATHER'S NAME First Middle	Lost 1S. MOTHER'S MAIDEN NAME		Lost
14	Wheeler Wa	tkins Bad		Ноу
100	the state of the s	SECURITY NO. 17. INFORMANT	Address	
\models		30-0594 Mattie Watk	ins, Uwings, Mary	APPROXIMATE INTERVAL
	 CAUSE OF DEATH (Enter only one cause per line far (a), (PART I. DEATH WAS CAUSED BY: 	o), god (c).)		BETWEEN ONSET AND DEATH
-	1/3/ IMMEDIATE CAUSE (a)	UVA		
1	DUE TO, OR AS A CONSEC	UENCE OF		
	Conditians, if ony, which gove rise to immediate cause (o). (b)			
	stoting the underlying cause DUE TO, OR AS A CONSE	DUENCE OF		
	last. (t)			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RECATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
NO	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT	ON WAS PERFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDER	OLD IN CEDILEVING
CERTIFICATION	The Complication which of that	YES NO	CHICES OF DEATHS	CED IN CERTIFIED
CERTI	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY		er nature of injury in Part 1 or Part 2, Item 18	1
	TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month	loy Yeor	er nature at injury in rain 1 of rain 2, nem 10	•)
MEDICAL	(If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FAI	M STREET FACTORY) 216 LOCATION Street or P.E.D. N	o. City ar Tawn Coun	nty State
	While Nat while at work of wark	m, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. N ng, etc.	o. City of town Cour	nry State
	220 Leartify that (1) (this harnital) attended the	deceased from 7 -711	69 to 1-25 , 1969	, that (I) (we) los
	220. I certify that (I) (this haspital) ottended the saw the deceased alive on 1-25-6	919, ond that in (mv) (aur) or	pinion death occurred on the date one	d hour and from the
1.7	couses stoted obove, (i) (we) (did) (did not)	view the body ofter death.		
	22b. SIGNATURE ON A 1 100 AME	ATTENDING 🔽	MED STAFE 22c. DATE SI	
	1701	DEGREE PHYS.	MED. STAFF DIRECTOR DIPHYS. DI Jan.	25-69
	22d. PHYSICIAN'S	22e. ADDRESS	town Manual and	
	NAME (Type) George T Wooms	M D Hambelno		
	NAME (Type)George J. Weems,		town, Maryland	
230	NAME (Type) George J. Weems, Burnal, CREMATION, 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (Cau	
	NAME (Type) George J. Weems, Burnal, CREMATION, 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY Oopers Ch.Cem		. Md



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	ent	trenot			Tecnen	
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